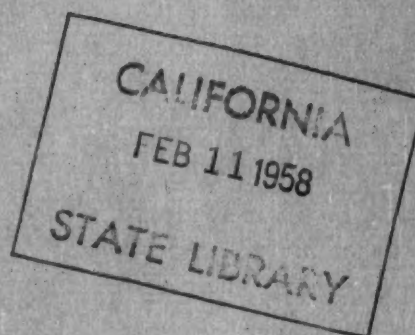


Rehabilitation Literature

February, 1958
Vol. XIX, No. 2



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to Workers with the Handicapped

The NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.

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for

CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

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REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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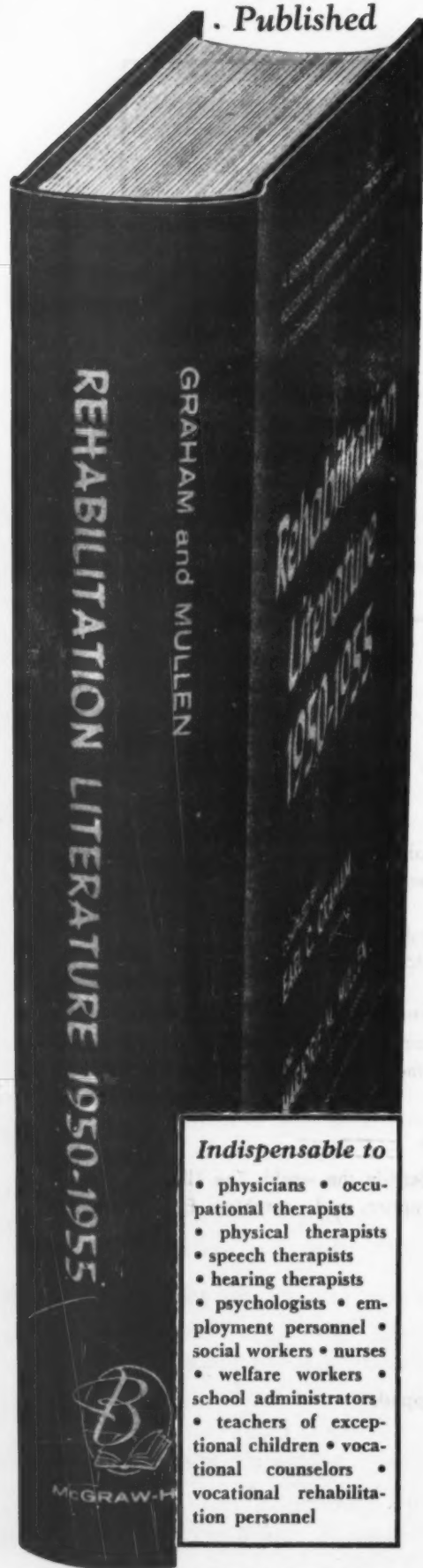
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Presenting in one alphabetical listing by subject, the references published from January 1950 through December 1955—

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by EARL C. GRAHAM, Librarian

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HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

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THE BLAKISTON DIVISION, MCGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

ACCIDENTS

143. McFarland, Ross A. (Harvard School of Public Health, 1 Shattuck St., Boston 15, Mass.)

The role of human factors in accidental trauma. Am. J. Med. Sciences. July, 1957. 234:1:1-26. Reprint.

Because accidental trauma has reached epidemic proportions among civilian and military populations alike, it is now a major problem in the field of preventive medicine and public health. Medical officers have an important responsibility, Dr. McFarland believes, in the control and prevention of accidents. He offers statistics on the rank of accidents among leading causes of death in various age groups and human variables and their consideration in safety program planning. Areas for further research are suggested, among them the role of personality and personal adjustment in causing accidents. The epidemiological approach originally developed for control and study of mass infectious disease has possibilities in the study and control of accidental trauma.

ADOLESCENCE

144. Norris, Edward N. (3418 Hogan St., Lansing 17, Mich.)

The function of the physical therapist in program planning for the adolescent patient. Phys. Therapy Rev. Dec., 1957. 37:12:789-793.

A discussion of the physiological and psychological considerations to be taken into account when treating the physical problems of the disabled adolescent. The author stresses the value and responsibility of human understanding in interpersonal relations and believes that there is little or no qualitative difference between disabled and nondisabled adolescents. Major difference in treating the adolescent as compared to the disabled population in general is the recognition of social and psychological factors peculiar to this group. The therapist must often assume the role of a counselor; this calls for familiarity with guidance and counseling techniques.

See also 208.

AMPUTATION--EQUIPMENT

145. Yue, Shyh-Jong (Coll. of Physicians and Surgeons, 630 W. 168th St., New York 32, N. Y.)

An improved prosthesis for hemipelvectomy, by Shyh-Jong Yue and Charles R. Goldstine. Arch. Phys. Med. and Rehab. Dec., 1957. 38:12:781-784.

Describes a new type of prosthesis for hemipelvectomy characterized by a plastic molded bucket made to fit the stump; early prostheses of this type consisted of a large leather bucket to support the lower abdominal tissue. Ten patients were fitted with the new type prosthesis, five of whom were able to use it fully. Two patients were able to use the prosthesis for a few hours each day, but complained of discomfort and insecurity. The three patients unable to use this prosthesis were females over middle age who lead a sedentary type of life--in addition to reported discomfort in these three, other complications were present, such as neuroma and incontinence. Advantages and disadvantages of the prosthesis are explained briefly. Article is illustrated.

AMPUTATION--EQUIPMENT--RESEARCH

146. Prosthetics Research Board, National Academy of Sciences-National Research Council (2101 Constitution Ave., Washington 25, D.C.)

The artificial limb program; a nationwide plan of research, development, and education toward the improved rehabilitation of amputees, with the sponsorship and support of the U. S. Government and coordinated by the.... Washington, D.C., The Board, 1957. 29 p. illus.

The Artificial Limb Program, supported jointly by the U. S. Veterans Administration and the U. S. Dept. of Health, Education and Welfare through the National Institutes of Health, the Office of Vocational Rehabilitation, and the Children's Bureau, is described briefly in this brochure as to its origin, development, and method of operation. Devices and techniques developed under the program are illustrated and discussed.

AMPUTATION--OCCUPATIONAL THERAPY

147. Mulhern, Frank P. (Kessler Institute for Rehabilitation, Pleasant Valley Way, West Orange, N.J.)

Biceps cineplasty exercise. Am. J. Occupational Ther. Nov.-Dec., 1957. 11:6:322-324, 338.

Offers an outline of a graded training program for upper-extremity amputees who have had a cineplasty operation; without serious complications the training program of supervised exercise for 8 to 12 weeks will enable the amputee to operate any terminal device efficiently. The last phase of the plan is devoted to progressive resistive exercise to develop power and endurance in the muscles and increase excursion; equipment necessary and procedures employed are described.

AMPUTATION--SPECIAL EDUCATION

148. Siller, Jerome (1231 Sheridan Ave., Bronx 56, N.Y.)

Some problems of the amputee child in school, by Jerome Siller and Edward Peizer. Education, Nov., 1957. 78:3: 7 p. Reprint.

A discussion of the psychological aspects of amputation in the young child, how the congenital amputee should be prepared for entering school, ways in which the teacher can ease the initial contact between the amputee and the class, the responsibilities of parents in preparing the child for rebuffs, and some facts which the teacher should know regarding extent of disability and the problems it poses. Both authors are engaged in the Prosthetic Devices Study at New York University.

AMPUTATION (CONGENITAL)

149. Thompson, T. Campbell (535 E. 70th St., New York 21, N.Y.)

Congenital absence of the fibula, by T. Campbell Thompson, Lee Ramsay Straub, and William D. Arnold. J. Bone and Joint Surg. Dec., 1957. 39-A: 6:1229-1237.

A review of 31 instances of congenital absence of the fibula, an uncommon anomaly characterized not only by absence of the fibula but also by bowing of the tibia, deficiency in growth of the extremity, and deformities of the foot. The authors emphasize the consistent pattern of the deformities in each instance--the presence of a tight deforming band replacing the absent fibula. It is their belief that treatment should include excision of the tight band and release of any other tight soft-tissue structure in the calf at the earliest age possible since it allows better positioning of the foot, permits a more normal gait, and makes

AMPUTATION (CONGENITAL) (continued)

possible a Syme's amputation where indicated at a later date. By preserving the lower tibial epiphysis and performing a Syme's amputation when growth is completed, possible revision of the stump is avoided and a more suitable limb is secured for the fitting of a prosthesis.

See also 177.

APHASIA

150. Marks, Morton (400 E. 34th St., New York 16, N. Y.)

Rehabilitation of the aphasic patient; a survey of three years' experience in a rehabilitation setting, by Morton Marks, Martha Taylor, and Howard A. Rusk. Neurology. Dec., 1957. 7:12:837-843.

Gives data obtained in an evaluation of 205 aphasic patients treated in the speech department of the Institute of Physical Medicine and Rehabilitation, New York City. Treatment was administered in a comprehensive rehabilitation setting and was geared to emphasize retraining and rehabilitation of the "whole" patient. Spontaneous improvement was observed in some patients long after such improvement was anticipated. Results indicate the value of a comprehensive retraining program in language.

APHASIA--DIAGNOSIS

See 228.

ARTHRITIS

151. Arthritis and Rheumatism Foundation

Artritis y procesos relacionados; manual para enfermeras fisioterapeutas y peritos medico-sociales. New York, Internatl. Soc. for the Welfare of Cripples, (1957). 58 p. illus.

Spanish translation of: Manual for nurses, physical therapists, and medical social workers; arthritis and related disorders. New York, Arthritis and Rheumatism Foundation, 1955. 63 p.

Another of the International Society for the Welfare of Cripples' translations of publications into foreign language for the use of professional personnel in foreign countries engaged in rehabilitation work. It covers general information on care of arthritic patients, including nursing care. Social and psychological needs of patients are discussed briefly. The translation was made possible through a grant from the Gustavus and Louise Pfeiffer Foundation and is distributed by the International Society for the Welfare of Cripples, 701 First Ave., New York 17, New York at 25¢ a copy.

152. Grokoest, Albert W. (115 E. 67th St., New York 21, N. Y.)

Some aspects of juvenile rheumatoid arthritis, by Albert W. Grokoest, Arthur I. Snyder, and Charles Ragan. Bul. Rheumatic Diseases. Nov., 1957. 8:3:147-148.

A report of a follow-up study of 110 patients from the pediatric, orthopedic, and arthritis clinics of Columbia-Presbyterian Medical Center, New York City. Data from this series are contrasted with that reported by Barkin's study of juvenile rheumatoid arthritis (Bul. Rheumatic Diseases, 1952. 3:37-38).

ARTHRITIS (continued)

Subjects of Barkin's study were selected from a chronic disease hospital. Findings of the present study indicate that monoarticular arthritis occurred as the first manifestation of rheumatoid arthritis in 43 of the 110 patients under 14 years of age. One-fourth of this series offered no complaints of pain referable to their arthritis. Cervical spine involvement occurred in 27 per cent of the series and sacroiliac abnormalities in 17 per cent. It is possible for the two changes to occur independently of each other. General growth, measured by weight, did not differ significantly from that of normal growth in healthy children although specific sites of growth disturbances occurred in 46 per cent of the group. Prognosis for life and freedom from major disability was good. The authors stress the need to cite sources of patients in clinical studies.

153. Lowman, Edward W. (400 E. 34th St., New York 16, N.Y.)

Rehabilitation of the rheumatoid arthritic patient, by Edward W. Lowman and Howard A. Rusk. Seminar Rep., Merck, Sharp & Dohme. Summer & Fall, 1957. 2:2&3. 2 pts.

Gives statistics on the morbidity rates in arthritis, the rapidly mounting percentage of disability from the disease, and the socioeconomic aspects of such disability. For use in evaluation, an outline of the nomenclature and classification of the arthritides and other rheumatic disorders is included here; evaluation should take into consideration medical, functional, and psychosocial aspects. A dynamic therapeutic approach to treatment is discussed. Part II of this article presents a detailed and illustrated description of technics and apparatus used in a rehabilitation program for arthritics.

Issues of Seminar Report are available from Merck, Sharp & Dohme, Medical Division, West Point, Pennsylvania.

See also 183.

ARTHRITIS--MEDICAL TREATMENT

154. Brown, Ernest M., Jr. (1407 Harrison St., Philadelphia 4, Pa.)

The clinical management of osteoarthritis. G. P. (General Practitioner). Dec., 1957. 16:6:99-115.

The sixth of a series of twelve articles prepared by medical faculty members of the University of Pennsylvania for the "Practical Therapeutics" section of G. P. Clinical importance in this disease stems, so the author states, chiefly from pain rather than from disabling deformity. He discusses general considerations in the disease, the pathology, clinical features, and general and specific considerations in the treatment of the hand, knees, the hip, spine, and sacroiliac joints.

ARTHRITIS--PROGRAMS

See 210; 211.

BLIND

See 225.

BLIND--BIOGRAPHY

See 226.

BLIND--MENTAL HYGIENE

See 176.

BLIND--PROGRAMS

See 187.

BLIND--SPECIAL EDUCATION

See 193; 232.

BLIND--SPECIAL EDUCATION--ISRAEL

155. Neleson, Leonard

A non-institutional program for the education of blind children in Israel. New Outlook for the Blind. Dec., 1957. 51:10:457-465.

The author, executive director of the American-Israeli Lighthouse with headquarters in New York, wrote this article to present to Israeli educators, parents, civil authorities, social workers and others interested in work with the blind a pilot program of education for blind children in a public school. It outlines requirements for acceptance into the program, size of experimental class, facilities, scope and staff, family counseling, coordination of services, and administration of the program. The program was drawn up to explore the possibilities of non-institutional education of the blind so that they might have the benefit of day-to-day experience in family and community life. If such a plan proves successful, it might be more economical than institutional care and training.

BONES--GROWTH

156. Ring, P. A.

Shortening and paralysis in poliomyelitis. Lancet. Nov. 16, 1957. 7003:980-983.

A report on a study of limb length and bone growth in children less than 10 years of age at the time of onset of poliomyelitis; subjects were children who had been admitted to Queen Mary's Hospital for Children, Carshalton, England. Methods of the study and findings are discussed. Even with recovery of useful function in the paralyzed leg, growth of the limb is usually disturbed and the progressive discrepancy in length between the two legs is often the major residual disability. Conclusions were that limb shortening in poliomyelitis is related directly to extent of paralysis and loss of muscle bulk. With the exception of the hip flexors, hip adductors, and knee extensors, which would seem to be relatively unimportant in the maintenance of limb length, there is no evidence, he feels, that paralysis of any single muscle group plays a major part in the production of shortening. However, recovery of contraction against gravity, or recovery to each of the higher levels of muscle power, is associated with a lower level of annual shortening. The use of braces or the presence of myofascial contractures does not appear to affect significantly the amount of shortening.

BOY SCOUTS

157. Boy Scouts of America

Scouting with handicapped boys. New Brunswick, N.J., Boy Scouts of America, c1957. 64 p. illus.

An attractive new booklet, with many photographic illustrations, briefly explaining the purpose of Scouting and its value to the handicapped boy, how the program has been adapted to meet individual needs, the estimated figures on the incidence of handicaps among children, and the activities of blind, crippled, cerebral palsied, deaf, mentally retarded, and postpolio Scouts. Help in setting up and operating a successful Scouting program may be obtained from a number of sources listed here. Contains a 5-page bibliography.

Available from Boy Scouts of America, P.O. Box 521, New Brunswick, N.J., at 75¢ a copy (less in quantity orders).

BRAILLE

158. Hooper, Marjorie S. (Am. Printing House for the Blind, 1839 Frankfort Ave., Louisville 6, Ky.)

The Nemeth Code; how and why. Internatl. J. Educ. of the Blind. Dec., 1957. 7:2:56-60.

Presents a brief history of the development and adoption of the Nemeth Code of Braille Mathematics for the embossing of mathematics works in Braille. The Code was devised by a blind mathematician who is a university professor; it is felt that too little explanatory material has been provided for the embossing of primary arithmetic books. It is proposed to meet this need by further clarification and additional revisions of the Code through suggestions submitted by teachers, transcribers, and others interested in Braille mathematics to a sub-committee of the Joint Uniform Braille Committee.

BRAIN INJURIES

159. Hollenhorst, Robert W. (200 First St., S.W., Rochester, Minn.)

Subdural hematoma, subdural hygroma and subarachnoid hemorrhage among infants and children, by Robert W. Hollenhorst (and others.) Neurology. Dec., 1957. 7:12:813-819.

Because of the few available long-term studies of large numbers of infants and children afflicted with subdural or subarachnoid hemorrhage, the authors reviewed 47 cases observed at Mayo Clinic. Signs and symptoms consisted predominantly of retinal hemorrhage, palsy of the third (oculomotor) or sixth (abducens) cranial nerve, convulsions, vomiting, spasticity, paralysis, enlarging head, stupor, and irritability. Chief cause appeared to be trauma, recorded in 49 per cent of the cases. General considerations, diagnosis, and treatment are discussed. 24 references.

BRAIN INJURIES--MEDICAL TREATMENT

160. Tobis, Jerome S. (1 E. 105th St., New York 29, N.Y.)

Evaluation and management of the brain-damaged patient, by Jerome S. Tobis, Milton Lowenthal, and Simon Maringer. J. Am. Med. Assn. Dec. 21, 1957. 165:16:2035-2041.

BRAIN INJURIES--MEDICAL TREATMENT (continued)

Neurological examination alone is not sufficient for evaluation of the residual function of the brain-damaged patient; it should be supplemented by measurement of integrated neuromuscular functions such as walking, feeding, and self-care, and an evaluation of the psychological and emotional capacities. Since these patients usually present involvement in all three spheres--sensory, motor, and intellectual--the extent of disorganization determines management. Objectives of rehabilitation in the brain-damaged are the improvement of musculoskeletal function and psychological function; techniques for achieving these goals are described.

CEREBRAL PALSY--EMPLOYMENT

See 216.

CEREBRAL PALSY--RECREATION--OHIO

161. Oyer, Herbert J. (2585 Swansea Rd., Columbus 21, Ohio)

Social therapy for individuals having cerebral palsy, by Herbert S. Oyer and Carolyn S. Fleeman. Cerebral Palsy Rev. Nov.-Dec., 1957. 18:5:12-14.

Describes a new experiment in day camping for cerebral palsied children in the Lima, Ohio, area; aims of the program are outlined and administrative details explained. Activities which have been included in the daily schedule are discussed briefly. Participants were accepted regardless of age or extent of handicap, even the non-ambulatory.

CHRONIC DISEASE--PROGRAMS

See 210.

CHRONIC DISEASE--SURVEYS--MARYLAND

See 227.

CHILD GUIDANCE

162. Middlewood, Esther L. (Dept. of Mental Health, Lansing, Mich.)

The child who does not adjust in public schools. Child Welfare. Dec., 1957. 36:10:8-11.

The erroneous idea of making the child fit the curriculum rather than the school fit the child's needs is responsible for many failures of children in public schools. The author suggests ways in which the teacher can foster a feeling of worth in the child, even when the child's family life is faulty.

CHILD GUIDANCE--VIRGINIA

163. Riese, Hertha (2 W. Marshall St., Richmond 20, Va.)

Psychiatric approach in educational therapy with emotionally disturbed children. J. Am. Med. Women's Assn. Nov., 1957. 12:11:369-376.

In same issue: The Mobile Psychiatric Clinic of the Medical College of Virginia, Patricia R. Denton. p. 377-378.

CHILD GUIDANCE-- VIRGINIA (continued)

Describes work of the Educational Therapy Center, originally a private agency in Richmond, Va., now affiliated with the Virginia State Dept. of Mental Hygiene and Hospitals. Basic problems of the majority of children treated stem from neglect through death or desertion by the parents, socio-economic deprivation, illegitimacy, or rejection by parents. Administration of the Center is discussed.

The second article describes psychiatric and psychological services provided adolescent lawbreakers in Virginia by the Mobile Psychiatric Clinic in industrial training schools or boarding homes to which the young offenders have been committed. Ultimately the Clinic is to be a part of the out-patient department of the Children's Residential Treatment Center, now in the planning stage.

COLLEGES AND UNIVERSITIES

164. Condon, Margaret E. (Health Guidance Board, City Coll. of New York, New York 31, N. Y.)

10-year survey of physically handicapped students at the City College of New York. Personnel and Guidance J. Dec., 1957. 36:4:268-271.

From her experience as Executive Officer, Health Guidance Board of the City College of New York, Dr. Condon has added another article on the physically handicapped college student--in this case, data from a survey of 300 students who had received counseling in preparation for future employment. Questionnaires were sent to graduate and nongraduate students no longer in school and to students still in attendance to determine their employment status. Findings revealed, in the data obtained, college trained physically handicapped students were competing well with the non-handicapped in working situations. Salaries being received are those which would be paid to persons with no physical impairment. The cerebral palsied were the one group that proved the exception; this is felt to be due to their multiple handicaps. Other articles by the author appeared in: J. Rehabilitation, May-June, 1951, and Personnel and Guidance J., May, 1957 (for annotations, see Rehabilitation Literature, July, 1951, #516 and July, 1957, #828.) The two articles concerned the counseling program at City College of New York and special facilities available in colleges and universities for physically handicapped students.

CONVALESCENCE--RECREATION

165. Wolffe, Joseph B. (1829 Pine St., Philadelphia 3, Pa.)

Recreation, medicine and humanities. Recreation. Dec., 1957. 50:10:364-365.

A condensation of a speech delivered by Dr. Wolffe at the Third Southern Regional Institute on Hospital Recreation, held at Chapel Hill, N.C. Dr. Wolffe discussed the vital part played by recreation in both preventive and therapeutic medicine. He urged the development of a department of recreation therapy; prerequisites of such a department and justification for the expense of recreation services were discussed. Views given here are cited as "an entirely new slant on recreation for the ill and handicapped." The speech is available in pamphlet form (Recreation in the hospital setting, Bul. 22) from the University of North Carolina or from the Natl. Recreation Assn., 8 W. 8th St., New York 11, N. Y.

DAY CAMPING

See 161.

DEAF--DIAGNOSIS

See 228.

DEAF--LIPREADING--BIBLIOGRAPHY

166. Jordan, Edward T.

A comprehensive bibliography on lipreading, listing modern articles and books in the field. Terre Haute, Ind., The Author, 1958. 11 p. Mimeo.

A new listing of articles, text books and other materials on lipreading, useful to the student and teacher, has been prepared by the compiler, Associate Professor of Special Education and Supervisor of Hearing Therapy at Indiana State Teachers College, Terre Haute, Ind. He describes it as "exhaustive but not necessarily complete." One section lists source books for additional practice material. Copies are available from Dr. Edward T. Jordan, 1920 S. 7th St., Terre Haute, Ind., at 25¢ a copy (5 copies for \$1.00.)

DEAF--SPECIAL EDUCATION

167. Cleveland Hearing and Speech Center

A manual of suggested techniques and devices for teaching pre-school deaf children; compiled by Ruth E. Bender, Ruth E. Smallshaw, and Dale Webb. Cleveland, The Center, c1949. 27 p. illus. (Pre-school ser.)

A pamphlet originally issued in mimeographed form by the Cleveland Hearing and Speech Center in response to requests by teachers of deaf children at the pre-school level for help in teaching lip reading and speech to very young deaf children. In the introduction by Miss Bender, a few of the basic principles for teaching at this level are discussed as they relate to the material presented. Audio-visual methods, imitative exercises, methods for speech and sense training, for determining reading readiness and teaching lip reading are offered. Projects, activities and handcraft ideas are included, as well as ideas for dramatization and play.

Available from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at \$1.00 a copy.

DEAF--SPEECH CORRECTION

168. Zaliouk, A. (Institute for the Deaf, Haifa, Israel)

Intelligible speech through a visual-tactile system of phonetical symbolization, by A. Zaliouk, Simon Cohen, and D. Zaliouk. Volta Rev. Dec., 1957. 59:10:426-435, 454.

Describes a multi-sensory procedure for teaching speech to deaf and hard of hearing children. Included is a descriptive list of the phonetic symbols used in the Visual-Tactile System, with a graphic presentation of the method depicting the combination of positions and movements of the phonemes. Symbols are divided into two groups--static and dynamic, which allows the pupil to move continuously from one sound to another and proves to be a time-saving procedure. Describes how the system is used in everyday classroom work during a speech lesson. "A universal system, it is adaptable to any language and, to date, has been adapted to Spanish and English.

DEGLUTITION

169. Bofenkamp, Benjamin (Doctor's Building, Minneapolis 2, Minn.)

Aphagia from poliomyelitis; treatment by denervation of the cricopharyngeus muscle. Trans., Am. Acad. Ophthalmol. and Otolaryngol. Sept.-Oct., 1957. 61:5:584-587.

Describes the technique of a relatively new surgical procedure, cricopharyngeal denervation, employed for the relief of aphagia resulting from acute poliomyelitis. Complete inability to swallow is a rare complication of poliomyelitis but most large poliomyelitis centers number one or two such cases in their rehabilitation programs. The author first briefly considers the anatomy, neurology, physiology, and pathology of the cricopharyngeus muscle, then presents two case histories to illustrate techniques of the operation and its value. The author reports that none of the patients in his experience has complained of flatulence due to results of the operation.

See also 205.

EMPLOYMENT

170. Bierman, Arthur (934 Carroll St., Brooklyn, N.Y.)

Toward a philosophy of employment of the handicapped. Voc. Guidance Quart. Winter, 1957-58. 6:2:72-73.

In a democratic society such as ours, the individual's self respect and his feeling of being socially useful are important enough to warrant the time and cost of rehabilitation where there is a handicap impeding his employment. This is the basic philosophy concerning the growing demand for rehabilitation services; without an awareness of this concept, rehabilitation services cannot be totally constructive.

171. Olshansky, Simon S. (17 Tremont Place, Boston 8, Mass.)

The disabled as an outsider. Cerebral Palsy Rev. Nov.-Dec., 1957. 18:5:4-5.

The author, with long experience in the field of vocational rehabilitation, presents, editorially, his belief that the disabled are excluded from employment for the same reasons that any minority group worker is rejected--they are "different," do not fit the stereotypes held by the "in groups" and they are "outsiders." His argument against this sort of "logic" is that the disabled worker, if properly placed, is not a disabled worker in terms of the job. He believes the "outsider" classification of the disabled can be removed through their eventual acceptance by the community and employers.

EPILEPSY--MENTAL HYGIENE

172. Loveland, Nathene (Walter Reed Army Institute of Research, Dept. of Neuropsychiatry, Washington 25, D.C.)

Mental and emotional changes in epileptic patients on continuous anti-convulsant medication; a preliminary report, by Nathene Loveland, Bushnell Smith, and Francis M. Forster. Neurology. Dec., 1957. 7:12:856-865.

EPILEPSY--MENTAL HYGIENE (continued)

Current research is reported on anticonvulsant drugs and their efficacy in changing the person's ability to cope with his environment and limiting or controlling seizures. Conclusions cannot be applied blindly, the authors state, to epileptics with gross organic or functional difficulties. Drugs administered to this series of patients had little, if any, effect on their total adjustment to their environment, as evidenced by test-retest scores..

EXERCISE

173. Gordon, Edward E. (Michael Reese Hosp., 29th and Ellis Ave., Chicago 16, Ill.)

Energy cost in prescription of activity. Mod. Medicine. Dec. 15, 1957. 25:24:83-91.

Control of physical activity of patients with chronic cardiac and pulmonary disease and of those convalescing from acute disease, Dr. Gordon believes, is most important but too often the physician gives such casual advice as "take it easy." The basal metabolic rate expressed in terms of large calories per minute is used as a means of measuring energy costs of activities and makes possible the assessment of energy required in industry, housework, and recreation. Energy outlay may be regarded as an index of cardiovascular and respiratory stress. An illustrated table shows the energy cost of various self-care, housework, occupational, and recreational activities. With this knowledge, it is possible to select activities which require continuous effort and are within the range of the patient's tolerance. A test of functional capacity must be used to evaluate work and recreation suitable for such patients.

174. Gordon, Edward E. (Dept. of Phys. Med., Michael Reese Hosp., 29th and Ellis Ave., Chicago, Ill.)

The use of energy costs in regulating physical activity in chronic disease. A.M.A. Arch. Indust. Health. Nov., 1957. 16:5:437-441. Reprint.

A graphic illustration, presented as a scientific exhibit at the 1957 annual meeting of the American Medical Association, showing the relative intensity of cardiac and respiratory work associated with certain activities of self-care, work and play. Energy costs have been measured by O₂ consumption per minute since the rate of energy expenditure is directly proportional (between wide limits) to cardiac output and ventilation. This exhibit was discussed in an expanded article in Modern Medicine, Dec. 15, 1957 (see #173 this issue of Rehabilitation Literature.)

See also 229.

GOODWILL INDUSTRIES--NEW YORK

175. Dodd, Robert C. (112 Hampton Pkway., Kenmore 17, N. Y.)

Buffalo Goodwill Industries; occupational therapy department, Buffalo, New York. Am. J. Occupational Ther. Nov.-Dec., 1957. 11:6:336-337.

Describes the work of the occupational therapy department of the Buffalo Goodwill Industries which includes, as part of its program, a prevocational unit for testing of the clients' work tolerance and ability. Such testing eventually results in on-the-job training for future employment. The author points out that the entire prevocational unit is built around the occupational therapy department and is the focal point in determining the personal adjustment of the handicapped person to his employability.

GUIDANCE

176. Routh, Thomas A. (Florida Council for the Blind, 918 Tampa St., Tampa 2, Fla.)

Adjustment counseling. Am. J. Occupational Ther. Nov.-Dec., 1957. 11:6:320-321, 337-338.

Discusses how the counselor can promote an emotionally supportive relationship with the client who seems unwilling or unready to accept adjustment counseling services because of anxiety or emotional insecurity. Basic emotional needs of clients must be recognized and partially, at least, fulfilled by the counselor. Problems presented by physically handicapped clients in need of counseling are considered, and suggestions given on ways of dealing with them in the counseling situation.

See also 234.

HAND

177. Kelikian, H. (30 N. Michigan Ave., Chicago 2, Ill.)

Congenital anomalies of the hand; Part II, by H. Kelikian and Ara Doumanian. J. Bone and Joint Surg. Dec., 1957. 39-A:6:1249-1266.

Part I of this article (annotated in Rehabilitation Literature, Dec., 1957, #1399) described management of confluent digits and the value of pedicled skin grafts in surgical reconstruction of hands with multiple and complex deformities. Part II describes more intricate surgical procedures such as the transfer of the index finger to take the place of the missing thumb, lengthening a short thumb, and osteotomy of the forearm bones to bring the hand into functional position. Both parts of this article discuss reconstructive procedures such as deepening of the interdigital cleft, widening of the web space, derotation or angulation osteotomy, digital shift, osteotomy, or arthroplasty as tools for improving the discrete functions such as grasp, pinch, or thumb action. Numerous illustrations.

HEALTH SERVICES--RESEARCH

See 230.

HEART DISEASE

178. Bishop, Louis F. (116 E. 53rd St., New York 22, N. Y.)

Rehabilitation following coronary occlusion. Brit. J. Phys. Med. Dec., 1957. 20:12:266-270.

Illustrating the individualistic nature of rehabilitation in the coronary patient with several examples from his private practice, the author stresses throughout this article the assessment of individual needs and the role of the physician who manages the heart attack. Duration of convalescence, the management of daily habits, and the recommendation for the patient to return to work must all be decided by the physician.

Readers will be interested to know that the British Journal of Physical Medicine suspends publication with this current issue.

HEART DISEASE--STATISTICS

179. Tauber, Joseph (Jones & Laughlin Steel Corp., Aliquippa, Pa.)

The prevalence of diseases of the heart in an urban center as estimated from medical examination of a probability sample, by Joseph Tauber and Donovan J. Thompson. J. Chronic Diseases. Dec., 1957. 6:6:595-605.

Reports methods and findings of a recently conducted study of the frequency of diseases of the heart among persons 15 years and over in the Arsenal Health District of Pittsburgh. Estimates are based on physical examination of a cross section of the total population living in the region. Therapeutic classification and rates for rheumatic, arteriosclerotic, and hypertensive heart disease are also included. Problems caused by non-participation of a large fraction of the selected sample are mentioned. Since there are few such studies based on actual examinations, the present one will be of interest because of its description of approaches to the non-participation problem.

HEMIPLEGIA

180. Bruell, Jan H. (Highland View Cuyahoga Co. Hosp., Harvard Rd., Cleveland 22, Ohio)

Disturbance of perception of verticality in patients with hemiplegia; second report, by Jan H. Bruell, Mieczyslaw Peszczynski, and David Volk. Arch. Phys. Med. and Rehab. Dec., 1957. 38:12:776-780.

Further evidence of spatial disorientation in hemiplegic patients is presented here, with a discussion of certain indications of a relationship between spatial disorientation and ambulation in hemiplegia. (For the preliminary report, see Rehabilitation Literature, Feb., 1957, #205.) In this article 20 hemiplegic patients were tested on a space perceptual task conducted in a dark-room; nine of the control subjects reacted normally, the remainder gave evidence of spatial disorientation. Generally, patients who walked well were not disoriented in the darkroom, while all those tested in this study who were in wheel chairs were found to be disoriented.

HEMIPLEGIA--MEDICAL TREATMENT

181. Exton-Smith, A. N. (Whittington Hosp., London, England)

Nature of oedema in paralyzed limbs of hemiplegic patients, by A. N. Exton-Smith and D. J. Crockett. Brit. Med. J. Nov. 30, 1957. 5056: 1280-1283.

Edema in the paralyzed limbs of hemiplegic patients has been a well-recognized phenomenon for over half a century; the authors present here new evidence that, in the upper limb at least, impairment of lymphatic function plays a major role in the formation of hemiplegic edema. Evidence is based on a critical examination of the protein content of edema fluids. The most important factor in the causation of high protein content of the fluid is considered to be impairment of drainage of protein from the tissues of the lymphatics as a consequence of loss of muscular activity. Contributory factors to the development of edema in hemiplegia include increased venous pressure caused by lying on the affected arm, a dependent position of the paralyzed arm when it is flaccid, splinting, venous thrombosis, and congestive cardiac failure. Arteriolar dilation due to a disturbance of

HEMIPLEGIA--MEDICAL TREATMENT (continued)

vasomotor regulation in the brain may also be a factor. Where edema subsequently develops in the paralyzed leg and not in the arm of bedridden hemiplegic patients, thrombophlebitis should be suspected in the leg.

HEMIPLEGIA--PHYSICAL THERAPY

182. Flores, Anthony R.

Mechanical aids in hemiplegia, by Anthony R. Flores and V. E. Chambers, Philadelphia, The Rehabilitation Center at Philadelphia (1957). 14 p. illus.

A paper presented before the Rehabilitation Forum (Philadelphia), Oct., 1957.

Written primarily to meet the needs of families and patients with hemiplegia who are being cared for at home. It describes 3 exercises--crawling, creeping, and cross pattern walking--which may be applied to all hemiplegics to induce gross movements which lead to functional movements. Mechanical aids, to be constructed at home of easily available materials, are discussed; these are useful in keeping the hemiplegic arm away from the body and for bracing the legs while walking; for bracing a flaccid or spastic arm; and for holding the hand in a functional position to bear weight during creeping. Miss Chambers is Chief Physical Therapist at the Hospital for Sick Children, Great Ormond St., London; she is studying at the Rehabilitation Center at Philadelphia on a six-month fellowship. Col. Flores is Coordinator of Therapies at the Center. The reprint is available from Dr. Glen J. Doman, Director, The Rehabilitation Center, 8801 Stenton Ave., Philadelphia 18, Pa.

HEMOPHILIA

183. Rodnan, Gerald P. (Dept. of Orthopedic Surgery, Univ. of Pittsburgh, Pittsburgh, Pa.)

Hemophilic arthritis, by Gerald P. Rodnan (and others). Bul. Rheumatic Diseases. Sept., 1957. 8:1:137-138.

The frequency of joint disease in hemophilia has long been recognized; its pathogenesis is described here. The authors present clinical findings from examination of 106 patients with hemophilia, half of whom have currently had suitable roentgenographic and clinical study of the joints. Data are given on plasma factors deficient in the blood, age, occurrence of hemarthrosis, age of initial episode of joint hemorrhage, extent of involvement in the joint, most commonly affected sites, clinical signs, and extent of crippling. Treatment for acute and chronic hemarthrosis is discussed briefly.

HEREDITY

184. Wilkinson, Charles F., Jr. (550 First Ave., New York 16, N. Y.)

Heredity counseling; genetic clinics and their preventive medical implications. Eugenics Quart. Dec., 1957. 4:4:202-205.

Describes the author's concept of the ideal heredity clinic, its location, facilities, personnel, types of patients and research conducted, the training of graduate students in genetic counseling and what constitutes genetic counseling. Some of the typical problems encountered in this type of counseling are illustrated briefly.

HEREDITY--BIBLIOGRAPHY

185. American Eugenics Society (Rm. 1523, 230 Park Ave., New York 17, N. Y.)

A reading list on eugenics. Eugenics Quart. Dec., 1957. 4:4:214-218.

Presents a bibliography for those who want to study general aspects of eugenics or some particular aspect of the science. Not intended to be all-inclusive, it nevertheless is useful as a comprehensive guide. Material is listed under the subject headings of: general eugenics, genetics, population (surveys and population problems), psychology and the family. 63 references.

HOSPITALS--ADMINISTRATION

186. U. S. Public Health Service

How to study the nursing service of an out-patient department; a manual to help hospitals evaluate nursing activities, by Apollonia O. Adams. Washington, D. C., Gov't. Print. Off., 1957. 75 p. figs., tabs. (Public Health Serv. publ. no. 497)

An outline of the activities of the out-patient department of a hospital, useful to nursing personnel and nursing administrators in evaluating services in the light of goals of the agency or institution and the goals of nursing service. The publication consists of a collection of a series of studies dealing with utilization of nursing personnel, patient waiting, facilities for teaching, record flow in relation to nursing service, and other factors affecting nursing personnel. Several approaches to the organization of a study of out-patient department evaluation are suggested.

Available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D. C., at 50¢ a copy.

LIBRARY SERVICE

187. American Foundation for the Blind (15 W. 16th St., New York 11, N. Y.)

Survey of library service for the blind, 1956, by Francis R. St. John. New York, The Foundation, 1957. 134 p. tabs.

With funds provided by the E. Matilda Ziegler Foundation, a complete and comprehensive survey of the adequacy of library services for the blind was made possible. The author, chief librarian of the Brooklyn Public Library, directed the survey and prepared the report; prominent librarians in several regions of the United States aided the research. General background of the problem of library service for the blind and the scope and purpose of the survey was summarized by M. Robert Barnett, executive director of the Foundation. The remainder of the report covers the present organizational pattern of service, its history, work of the Library of Congress and its regional distributing libraries, reader distribution, talking book machine distribution, and financing of regional libraries, their personnel, adequacy of physical plants and equipment, records and circulation routines. Types of books available to blind readers, service to children, and technical problems encountered in both braille and talking book programs are also considered.

A summary of the full-length report was prepared for the Dec., 1957, issue of New Outlook for the Blind by Helge Lende. (51:10:466-472)

MEDICAL SERVICE (INDUSTRIAL)--STUDY UNITS AND COURSES

188. Felton, Jean Spencer (Univ. of Oklahoma Med. Center, 800 Northeast Thirteenth St., Oklahoma City 4, Okla.)

Teaching occupational medicine at the University of Oklahoma School of Medicine. A.M.A. Arch. Indust. Health. June, 1957. 15:6:530-536. Reprint.

Describes a course of instruction offered at the University of Oklahoma in occupational medicine. Bulk of instruction takes place during the fourth-- or senior--year when students have had sufficient clinical experience to augment material offered in this discipline. Physically handicapped employees of Goodwill Industries are utilized in teaching rehabilitation principles; each is given preplacement, periodic, and special physical examinations by fourth-year students as part of the practical experience in occupational medicine. Lectures, practical experience in the Health Service of the Medical Center, field trips, and a variety of teaching conferences comprise the elements of the course.

MENTAL DEFECTIVES--NEW YORK

189. New York. State Joint Legislative Committee on Mental Retardation

Report of the... 1957. Albany, The Committee, 1957. 67 p. illus. (Legislative doc. (1957) no. 82)

A record of the progress made in New York State in behalf of the mentally retarded during 1956, with a summary of recommendations for 1957. Facilities for the education and care of the mentally handicapped have expanded considerably but proposals submitted to Committee members in personal interviews and in public hearings cover many broad areas for improvement of services through State legislation and aid. Legislation passed during the 1956 Legislative Session is discussed, as regards the work of the State Education Department and the Department of Mental Hygiene.

Available from State Senator Earl W. Brydges, Chairman, Joint Legislative Committee on Mental Retardation, Albany, N. Y.

MENTAL DEFECTIVES--DIAGNOSIS

See 228.

MENTAL DEFECTIVES--EMPLOYMENT

See 231.

MENTAL DEFECTIVES--ETIOLOGY

190. Allen, Gordon (Natl. Institutes of Health, Laboratory of Socioenvironmental Studies, Bethesda, Md.)

Patterns of discovery in mental deficiency. Eugenics Quart. Dec., 1957. 4:4:206-207.

Describes briefly genetic research on mental deficiency and the genetic mechanisms of four general types which determine major patterns of research. Each type is illustrated here with a specific type of mental defect--mongolism, phenylketonuria, Recklinghausen's neurofibromatosis, and cases of familial defectives.

MENTAL DEFECTIVES--SPECIAL EDUCATION

See 193; 212; 232.

MENTAL DEFECTIVES--STUDY UNITS AND COURSES

191. Powers, Grover F. (167 Armory St., New Haven 11, Conn.)

Professional education and mental retardation. Pediatrics. Dec., 1957. 20:6:1088-1094.

With the increased emphasis on chronic disabilities and diseases, students in graduate medical courses should be offered the opportunity to learn of newer clinical material in the fields of mental retardation, human ecology, psychology, geriatrics, rehabilitation, reparative surgery (particularly in respect to malformations), social service, nursing, and team work in general. The writer advocates affiliation with a residential school for retardates and with community evaluation or rehabilitation centers as the best type of training in the problems of mental retardation. A tour of duty as an intern in pediatrics and later as a resident in a diagnostic clinic and day center and in a residential training school is, in Dr. Powers' opinion, most valuable. He points out various ways medical schools can enrich their curricula and teach the necessary facts about handicapping conditions.

MENTAL DISEASE

192. Davidson, Henry A. (Essex County Overbrook Hospital, Cedar Grove, N. J.)

The concept of psychiatric disability. N. Eng. J. Med. Oct. 3, 1957. 257:655-658. Reprint.

The author points out the fallacy of measuring disability purely on objective evidence which is not seen, in some diseases and especially in psychiatric disorders, until late in illness. If disability is not recognized as such unless it is rooted in structural (or chemical) change, then some serious disorders will have to be excluded. Measuring disability in terms of working capacity and earning ability fails to take into account the part played by emotions. He believes that the disturbance of "human relations" is the most profound of disabilities.

MULTIPLE HANDICAPS

193. Albrecht, Marcella (1900 W. State St., Janesville, Wis.)

A curriculum for a class of mentally retarded blind children. Internatl. J. Educ. of the Blind. Dec., 1957. 7:2:33-42.

Describes a program planned for an experimental class of mentally retarded blind children at the Wisconsin School for the Visually Handicapped and the various activities in the social studies, handwork, crafts, arithmetic, reading, physical education, writing, music, speech and phonics, and literature sequences.

See also 232.

MUSIC THERAPY

194. Brooking, Mair

Music in the treatment of mental illness. Mental Health. Autumn, 1957. 17:1:4-9.

In same issue: Music in the training of mental defectives, p. 9-10. -A musical experiment with maladjusted children; (summary of an article by Frank E. Knight in Education, Jan. 20, 1956). p. 11-12.

MUSIC THERAPY (continued)

Group and individual music activities both have the same objectives when used with the mentally ill--to arrest deterioration, where possible, or to help patients regain mental health. Group activities offer the opportunity to join together and exercise a degree of personal choice; they encourage patients to help one another and to develop self control. Several approaches to therapy are discussed briefly. The article on p. 9 gives the highlights of a report on music therapy at the Caswell State Training School, Kinston, N.C., as submitted by Dr. F. E. Kratter, Acting Superintendent. The summary of Frank E. Knight's article reports an interesting musical experiment carried on at the Dorset County (England) Education Committee's Boarding Home for Maladjusted Children.

NATIONAL HEALTH SURVEY--1956-

195. American Medical Association. Washington Office

(Report on current activities of the National Health Survey Office).

J. Am. Med. Assn. Dec. 28, 1957. 165:17:74, 76, 78, 80.

Describes the plan of the current National Health Survey, types of interviews used, the information it is expected to reveal concerning extent of illness, disability, and related aspects, and some of the problems involved in a major undertaking of this type.

NEUROLOGY--HISTORY

196. Peterman, M. G. (411 E. Mason St., Milwaukee 2, Wis.)

Pediatric contributions to neurology. J. Am. Med. Assn. Dec. 28, 1957. 165:17:2161-2162.

As early as the 15th century, pediatricians were concerned with the neurological aspects of pediatrics. Epilepsy, meningitis, and symptoms such as convulsions, strabismus, and incontinence received attention in early textbooks. The author reviews pediatric literature since the 15th century to prove that pediatricians need not be modest about their own contributions to the study of neurology.

OLD AGE--MEDICAL TREATMENT

197. McMorro, K. (17306 W. Seven Mile Rd., Detroit 35, Mich.)

The physiatric contribution to geriatrics. J. Mich. State Med. Soc. Nov., 1957. 56:11:1440-1443.

A discussion of the medical and surgical problems presented by the aging person and the role of physical medicine and the physiatrist in the effective management of this group of patients. Present admission policies of general hospitals and the fact that physicians and public health administrators often work at cross purposes must be changed if improved understanding and care of geriatric patients are to be achieved.

ORTHOPEDICS

198. Compere, Edward L. (720 N. Michigan Ave., Chicago 11, Ill.)

Research, serendipity, and orthopedic surgery. J. Am. Med. Assn. Dec. 21, 1957. 165:16:2070-2073.

The Chairman of the Dept. of Orthopedic Surgery, Northwestern University, discusses the changing problems in orthopedic care during the past three decades, brought about by changes in techniques and the

ORTHOPEDECS (continued)

decline in incidence of various diseases. Currently, congenital deformities, neoplastic diseases, degenerations of old age, and the traumas of military and civilian life constitute the more important responsibilities of the orthopedic surgeon. Dr. Compere discusses some techniques of treatment he has learned through observations, trial and error which enable him to give his patients better care. The ability to recognize useful techniques and ideas in orthopedic surgery he terms "serendipity." Basic research has even more rewards toward the advancement of this specialty.

PARAPLEGIA

199. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation. (400 E. 34th St., New York 16, N. Y.)

Manuel a l'usage des paraplegiques et des quadriplegiques. New York, Internatl. Soc. for the Welfare of Cripples, 1957. 32 p. illus.

French translation of: Primer for paraplegics and quadriplegics. 1957. (Institute of Physical Medicine and Rehabilitation, Patient publ. no. 1)

Another of the translations in the field of rehabilitation made possible through the aid of the Gustavus and Louise Pfeiffer Foundation, this pamphlet reflects experience of the Institute of Physical Medicine and Rehabilitation in its work with paraplegics and quadriplegics. Prepared for patients, it explains in lay language the facts and special problems involved in living with this disability.

The French translation is available from International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 50¢ a copy. The English edition, annotated in Rehabilitation Literature, Nov., 1957 (#1313), is available from the Institute of Physical Medicine and Rehabilitation at 50¢ a copy.

PARENT EDUCATION

200. Wishik, Samuel M.

Como cuidar da crianca defeituosa (conelhos aos pais). New York, Internatl. Soc. for the Welfare of Cripples (1957). 36 p. illus. (Commissao de Assuntos Publicos dos Estados Unidos; folheto no. 219)

Portuguese translation of: How to help your handicapped child, by Samuel M. Wishik. New York, Public Affairs Committee, 1955. 28 p. illus. (Public Affairs pamph. no. 219)

Another of the translations of American publications for use in foreign countries, this particular pamphlet is for the education of parents and lay persons interested in the rehabilitation of handicapped children. Made possible through a grant from the Gustavus and Louise Pfeiffer Foundation, it is distributed by the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 25¢ a copy.

PARTIALLY SIGHTED

201. Ritter, Charles G. (Am. Foundation for the Blind, 15 W. 16th St., New York 11, N. Y.)

Questions and answers on low vision. New Outlook for the Blind. Dec., 1957. 51:10:446-453.

PARTIALLY SIGHTED (continued)

Information on special aids and appliances for those with low vision--corrective glasses, magnifying lens, telescopic spectacles, and projection readers, how they can help to meet the individual person's needs, and what can be expected of them. Advice on seeking the aid of an ophthalmologist on prognosis in cataracts, on the effects of eyestrain, and on proper lighting is offered.

PARTIALLY SIGHTED--BIOGRAPHY

202. Fabricant, Noah D. (185 N. Wabash Ave., Chicago, Ill.)

The ocular history of James Joyce. Eye, Ear, Nose and Throat Month. Dec., 1957. 36:12:732-735.

Accorded now the status of "one of the giants of twentieth century literature," James Joyce had to combat, during his lifetime, poverty, illness, prejudice, misunderstanding, and ignorance. In addition to these hardships he was afflicted by near-blindness during the major part of his life. Iritis, glaucoma, and cataracts demanded 11 operations, none of which achieved improvement in the eyes except momentarily.

PARTIALLY SIGHTED--OCCUPATIONAL THERAPY

203. Gregg, James R. (Los Angeles Coll. of Optometry, 950 W. Jefferson St., Los Angeles 7, Calif.)

Eye problems of aging patients, by James R. Gregg and Shirley S. Sherrill. Am. J. Occupational Ther. Nov.-Dec., 1957. 11:6:313-316, 339.

A review of the characteristic visual problems of the elderly patient, with a discussion by an optometrist of their pathological implications and by an occupational therapist of their applied therapeutic significance. Psychological reactions of the patient to his own visual limitations are considered, as well as adapted occupational therapy techniques for the elderly patient. Principles useful in overcoming physical limitations of the elderly patient are outlined.

PEDIATRICS

See 191; 196.

PHYSICAL EDUCATION

See 229.

PHYSICAL THERAPY

See 144.

POLIOMYELITIS

204. Harries, J. R. (Respiratory Unit, King George VI Hosp., Nairobi, Kenya)

The advantages of glossopharyngeal breathing, by J. R. Harries and W. E. Lawes. Brit. Med. J. Nov. 23, 1957. 5055:1204-1205.

POLIOMYELITIS (continued)

In same issue: Spirographic studies in glossopharyngeal breathing, by W.E. Lawes and J.R. Harries. p. 1205-1206.

A report of a case history of an 18-year-old boy, totally paralyzed from the neck down as the result of anterior poliomyelitis, who was taught the mechanics of glossopharyngeal breathing. The improvement in his general physical and psychological condition was so marked that the case is used to illustrate the advantages of "frog breathing." Includes a description of the mechanism of this type of breathing, with a brief outline of its disadvantages which are greatly outweighed by the physical and psychological benefits.

The second article describes findings of an investigation to estimate the speed of air flow during expiration, the effect of different positions on the efficacy of glossopharyngeal breathing, and to demonstrate the peculiar characteristic features of the spirographic pattern. Subject of the investigation was the patient described in the article on p. 1204.

205. Walley, R. V. (Ham Green Hospital, Bristol, England)

Control of artificial respiration in poliomyelitis patients with paralysis of swallowing. Lancet. Dec. 7, 1957. 7006:1143-1145.

The introduction of positive-pressure respiration through the tracheotomy tube is used in Great Britain to maintain respiration in poliomyelitis patients with respiratory failure who also develop failure of swallowing. Clinical assessment alone was used originally to gauge the efficiency of positive-pressure respiration but proved unsatisfactory in 7 cases of bulbo-respiratory failure. Four laboratory methods were then introduced to supplement clinical observations. The use of spirometry, blood-gas analysis, estimation of carbondioxide concentration in the end tidal air, and chest radiography in the management of 12 patients studied has proved valuable; results in nine cases are reported here.

206. Wynn-Parry, C. B.

Rehabilitation in poliomyelitis; experience of 120 in-patients. Brit. J. Phys. Med. Dec., 1957. 20:12:271-275.

By the end of the second month following an attack of poliomyelitis, it should be possible to determine a reasonably true picture of what to expect in return of muscle power. The probable state of the spinal cord can be estimated from careful clinical testing of all muscles in the body. Treatment begun as early as possible to re-educate those muscles likely to improve sufficiently to be of functional use is of value. Aspects of treatment and training in the rehabilitation of poliomyelitis patients are discussed--re-education in walking, special devices, diet, rest, swimming, occupational guidance and training, recreation, and education of the family as to the patient's needs and goals. At all times the training program is related to the patient's future occupation and to the quickest possible return to as normal a life as possible.

This issue of the British Journal of Physical Medicine is the last to be issued; publication is being suspended due to rising production costs and the small subscription list.

POLIOMYELITIS--ETIOLOGY

See 233.

POSTURE

207. Jentschura, G. (Orthop. Univ.-Klinik, Heidelberg-Schlierbach, Germany)

Causes and significance of postural defects in childhood, by G. Jentschura and E. Marquardt. German Med. Month. Nov., 1957. 2:11:329-331, 333.

A discussion of the difficulties of reaching any objective conclusion concerning posture, points to be observed in the examination of school children for postural defects, and the results of a study of 1,000 unselected school children in the Heidelberg region. Of the group 34 were found to have postural defects; roentgenological investigation of this group revealed a high percentage of vertebral anomalies. Developmental defects of the vertebral column were present in 27. The possible causes of barrel- and wedge-shaped intervertebral disks are believed to be due to development inhibition; static influences are considered of only secondary importance. Postural defects are distinctly different from postural weakness and require vigorous remedial measures such as swimming, gymnastics, and local treatment if permanent deformity is to be prevented.

PSYCHIATRY.

See 163; 192; 194.

PSYCHOLOGY

208. Briefs, P. J.

Psychological treatment of physically handicapped young people. Brit. J. Phys. Med. Dec., 1957. 20:12:270-271.

Gives several reasons why psychological treatment of physically handicapped young people is a necessity, and tells how feelings of inferiority and resentment aroused by the physical handicap and environmental influence can be avoided or overcome.

Publication of the British Journal of Physical Medicine is suspended with this issue, due to rising production costs and the limited list of subscribers.

See also 171; 220; 225.

PSYCHOLOGY--DIRECTORIES

See 234.

REHABILITATION

See 235.

REHABILITATION--PERSONNEL

209. Knudson, A. B. C. (U.S. Veterans' Admin., Washington 25, D.C.)

Total rehabilitation; the physiatrist's responsibility. Arch. Phys. Med. and Rehab. Dec., 1957. 38:12:763-770.

The Presidential address read at the annual session of the American Congress of Physical Medicine and Rehabilitation in 1957. Dr. Knudson analyzes problems that hinder members of the rehabilitation team, especially the physiatrist, in effectively meeting the challenge presented by rehabilitation of the disabled and points out advances possible in the preventive area

REHABILITATION--PERSONNEL (continued)

of rehabilitation, maintenance therapy for long-term patients, and the further development of complete integration and coordination of rehabilitation services. Well-directed programs of research and training, more effective public communication concerning the value of rehabilitation services, and effective teamwork are a necessity. As proof of the growing acceptance of physical medicine and rehabilitation by hospital and clinic management, he cites several illustrations from his experience with Veterans Administration hospitals.

REHABILITATION--PROGRAMS

210. Manheimer, Robert H. (3455 Steuben Ave., New York 67, N.Y.)

A home care rehabilitation program for ex-urban communities, by Robert H. Manheimer and Edward F. Delagi. J. Chronic Diseases. Dec., 1957. 6:6:589-594.

Describes a pilot project providing home care rehabilitation services to homebound patients in a semi-rural area in northern Westchester County, N.Y. Services are centered in the family physician, the District Nursing Association, a full-time physical therapist of the Association's staff, funds from the New York State Chapter of the Arthritis and Rheumatism Foundation, and other local agencies. Patients were homebound arthritics and the homebound with other disabling illnesses. This is a type of program capable of development in many of the ex-urban areas where agencies are already caring for the homebound.

REHABILITATION--STUDY UNITS AND COURSES

211. Caughey, John L., Jr. (Western Reserve Univ. School of Med., Cleveland 6, Ohio)

The Western Reserve approach to teaching medical students about long-term illness. J. Chronic Diseases. Dec., 1957. 6:6:633-635.

Describes a new teaching program included in Western Reserve University School of Medicine's curriculum, aided by a Rehabilitation Teaching Grant from the National Foundation for Infantile Paralysis. Purpose of the program is to give students background in the management of chronic, long-term illness and to acquaint them with community resources for rehabilitation. Several approaches have been used and found worthwhile in overcoming the superficiality of interest encountered in some general hospital ward services. There is also evidence that such courses help students to develop the maturity of recognizing professional obligations.

See also 188.

REHABILITATION CENTERS

(See 236.

RELIGION

212. Curr, William

The religious education of retarded children. Special Schools J. Nov., 1957. 46:5:19-20, 22, 36.

A report on research on the comparative readability and interest for children of the various versions of Bible stories and the nature of concepts held by children receiving thorough and competent religious instruction. With retarded children, where learning expectations are limited, there is still justification for the teaching of Bible passages, the author believes, even though the language is beyond their comprehension.

RHEUMATIC FEVER

213. McCue, Carolyn Moore (1030 W. Franklin St., Richmond 20, Va.)

Rheumatic fever; progress in the last twenty years. J. Am. Med. Women's Assn. Nov., 1957. 12:11:363-368.

A review of advances made during the past 20 years in the prevention and treatment of rheumatic fever. Gives statistics on lessening incidence of the disease, on knowledge gained through extensive research into the etiology and epidemiology, diagnosis and therapy. More successful surgical approaches to late valvular disease have been of benefit in selected cases. 37 references.

RICKETS

214. Cooke, Robert E. (Johns Hopkins Univ. School of Med., Baltimore, Md.)

Modern-day rickets. Pa. Med. J. Dec., 1957. 60:12:1559-1564.

A brief review of the anatomy and physiology of normal bone, the metabolism of rachitic bone, and case reports of various clinical types of rickets. Brief discussions of possible mechanisms responsible for rachitic disorders are included.

SCHOOL BUILDINGS

215. U. S. Office of Education

Local school construction programs, by N. E. Viles. Washington, D.C., Gov't. Print. Off., 1957. 80 p. tabs. (Bul. 1957, no. 20)

Prepared to aid local officials in setting up long-range school-plant programs, surveying building needs, the selection and purchase of sites, and planning, financing, contracting and constructing new school buildings, this publication carries planning through the study and planning phase until the building is completed, inspected and approved. Nearly half of the bulletin deals with the financing program, with tables included on various types of bond schedules at varying interest rates.

Available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 55¢ a copy.

SEGREGATION AND NONSEGREGATION

See 217.

SHELTERED WORKSHOPS--NEW YORK

216. De Simone, Anthony S. (1125 71st St., Brooklyn, N. Y.)

The development of a prime manufacturing program for a severely handicapped group. Cerebral Palsy Rev. Nov.-Dec., 1957. 18:5:10-11.

SHELTERED WORKSHOPS--NEW YORK (continued)

The Director of Vocational Rehabilitation for the Nassau County Cerebral Palsy Association, Roosevelt, Long Island, describes the terminal workshop for those too severely handicapped to ever function in industry. The Cerebral Palsy Center at Roosevelt, L.I., has such a program; more remunerative work is provided this group through the prime manufacture of new articles for sale. Ceramic products were chosen after a careful market analysis; methods of the manufacturing process are described, as well as possible outlets for sale and wage scales for employees. Prime manufacture can also be a workable homebound program.

SOCIAL SERVICE--CASEWORK

See 237.

SPECIAL EDUCATION

217. Holroyde, C.

The physically handicapped child; normal school or special school? Special Schools J. Nov., 1957. 46:5:14-18.

Defines the term "physically handicapped" as it applies to children in Great Britain who are of school age, the factors involved in educational placement of the child and the arguments for and against placement in normal and special schools. Explains some of the psychological reactions of the handicapped child to his environment and to his handicap. Various types of educational plans are discussed--day and boarding special schools, home instruction, and hospital schools.

See also 162.

SPEECH CORRECTION

218. Missouri. State Department of Education

Administrative guide in speech correction. Jefferson City, Mo., The Dept., 1957. 55 p. diag., forms.

Prepared for use by speech teachers and administrators responsible for providing the necessary facilities for speech therapy, this bulletin contains a description of the type of room best suited for speech correction work, recommended equipment and supplies, the role of the speech correctionist, and suggested forms for the systematic operation of a speech correction program. A section is also included on teaching materials and selected references on aphasia, articulation, cerebral palsy, cleft palate, foreign accent, and speech problems associated with hearing loss, stuttering, and voice problems. Audio-visual aids, speech oriented games, recordings and professional magazines are listed.

Copies are available from Mr. Richard S. Dabney, Director of Special Education, State Dept. of Education, Jefferson Building, Jefferson City, Mo.

SURGERY

219. Moor, Fred B. (Coll. of Med. Evangelists, 1720 Brooklyn Ave., Los Angeles, Calif.)

The Seventh John Stanley Coulter Memorial Lecture: Physical measures in the postoperative care of the surgical patient. Arch. Phys. Med. and Rehab. Dec., 1957. 4:4:771-775.

SURGERY (continued)

A review of the deleterious effects of prolonged bed rest and the necessity for early ambulation of postsurgical patients. Dr. Moor believes, however, that early ambulation as currently practiced--on the first, second, or third day following surgery--is not early enough. He advocates immediate postoperative electrical stimulation of the calf muscles, plus foot and leg exercises and deep breathing, as soon as voluntary motion is possible. Ambulation should also be started on the first postoperative day unless there is a serious contraindication, he believes. In a controlled series of 100 major postoperative surgical cases no instances of thrombosis or embolism resulted when sinusoidal stimulation of calf muscles was followed by bed exercises and early ambulation.

VOCATIONAL GUIDANCE

220. MacFarland, Douglas C. (Va. Commission for the Visually Handicapped, 3003 Parkwood Ave., Richmond, Va.)

The importance of family attitudes in vocational rehabilitation. New Outlook for the Blind. Dec., 1957. 51:10:443-445.

Rehabilitation failures are often the result of the detrimental attitudes of families toward the client's progress and employment; two illustrative case histories are presented. Two major obstacles hindering the vocational rehabilitation counselor's attempts to cope with family attitudes are his lack of skills in giving family counseling and the lack of time to accomplish the necessary objectives in family counseling. Suggested solutions for the problem are the addition of a specialist to the vocational rehabilitation staff who would deal exclusively with this aspect of the client's rehabilitation. Where money is not available for such purposes, community resources might be called upon to work in consultation with the vocational rehabilitation counselor.

221. Patterson, C. H. (Coll. of Education, Univ. of Illinois, Urbana, Ill.)

The use of projective tests in vocational counseling. Educ. and Psych. Measurement. Winter, 1957. 17:4:533-555.

Although used relatively infrequently in vocational counseling, projective tests have been considered valuable in clinical psychological work and recommend as useful in assessing occupational adjustment and success. The author reviews here their possible contribution to counseling and concludes that, in their present state of development, such techniques have little to offer since little is known concerning the differential personality requirements for various occupations or types of work. The author agrees with other authorities in the field that it would be better to abandon the Rorschach test, except for research studies, until such a time as the true of false hypotheses are much better distinguished.

Material in this article is from a chapter in a forthcoming book by Dr. Patterson titled "Counseling the Emotionally Disturbed," to be published by Harper & Bros. Additional material from the same book appeared as an article in the Autumn, 1957 issue of Educational and Psychological Measurement. (See Rehabilitation Literature, Dec., 1957. #1477)

VOCATIONAL GUIDANCE--BIBLIOGRAPHY

222. Granofsky, Jack (5812 Farragut Rd., Brooklyn 34, N. Y.)

Bibliography on prevocational exploration. New York, The Author (1957). 18 p. Mimeo.

A listing of titles, under authors, of specific discussions of pertinent and related exploration activities, programs, and procedures, as well as useful techniques, considerations, and procedures in job analysis, selective placement, and patient evaluation. An additional section of the bibliography covers background reading on psychological and social information, occupational and labor market information and trends pertinent to the field of prevocational exploration. Material listed includes periodical articles, pamphlets, theses, and books. The author is an instructor in Prevocational Exploration of the Columbia University School of Occupational Therapy and Assistant-Chief of the Psychological-Vocational Services, Institute of Physical Medicine and Rehabilitation, New York City.

VOCATIONAL GUIDANCE--PERSONNEL

223. Patterson, C. H. (Coll. of Education, Univ. of Illinois, Urbana, Ill.)

The interdisciplinary nature of rehabilitation counselor training. Personnel and Guidance J. Jan., 1958. 36:5:310-313.

The author firmly believes that it is impossible to expect the rehabilitation counselor to be an expert in all disciplines of rehabilitation work; there is a need to redefine the requirements and qualifications of the counselor and decide just where the emphasis should lie in training students. Rehabilitation counselors should be specialists whose major function is counseling in the multidisciplinary process of rehabilitation. Training of counselors is mainly psychological in nature and the rehabilitation counselor is fundamentally a vocational counselor or psychological counselor working with the handicapped, in the opinion of Dr. Patterson.

VOLUNTEER WORKERS

224. Lewis, Alice E. (1729 W. Michigan Ave., A-2, Kalamazoo, Mich.)

Sources of volunteer services. Am. J. Occupational Ther. Nov.-Dec., 1957. 11:6:325-328, 338-339.

A listing of 51 national organizations whose memberships are interested in and available for volunteer service in connection with community occupational therapy programs. Brief descriptions of activities of each which are related to these programs are given. The listing is valuable since it groups together organizations not ordinarily found in a single list or registry. In addition a bibliography of 54 references is included, indicating the source of the information.

WORKMEN'S COMPENSATION--NEW YORK

See 238.

New Books Reviewed

BLIND

225. Gowman, Alan G.

The war blind in American social structure. New York, Am. Found. for the Blind, 1957. 237 p.

This is a study of social patterns and the constantly changing attitudes of family, relatives, and strangers toward the handicapped person which result in conflict within the handicapped individual. Both as a social and psychological study, it will interest teachers and all those working with the handicapped, enabling them to understand more completely the personality structure of the blind and similarly, other types of handicapped persons. Stereotyped beliefs concerning the blind and held by seeing persons are discussed, as well as the impact of socially induced tensions upon the blind, attitudes of the blind toward themselves, and the psychological factors which influence their adjustment.

Published by American Foundation for the Blind, 15 W. 16th St., New York 11, N. Y., at \$4.00 a copy.

BLIND--BIOGRAPHY

226. Mehta, Ved

Face to face; an autobiography. Boston, Little, Brown and Co., 1957. 370 p.

The author, blinded by meningitis at the age of three, was finally accepted by the Arkansas School for the Blind as a student when he was 15. His father, a Western-trained doctor, sent him to a rehabilitation center for blinded Indian veterans where he learned to read Braille before he was 13. In America he found the education and independence which India could not afford him; he won a scholarship to Pomona College eventually and was elected to Phi Beta Kappa in his junior year. At present he is attending Balliol College, Oxford, studying for the day when he may return to India to take an active part in his country's rehabilitation. His account of life in America and its schools, of the friendships he formed, and of the self-reliance he gained are a warm tribute to the land which he feels gave him so much.

Published by Little, Brown and Co., 34 Beacon St., Boston 4, Mass., at \$4.50 a copy.

CHRONIC DISEASE--SURVEYS--MARYLAND

227. Commission on Chronic Illness

Chronic illness in a large city; the Baltimore study. Cambridge, Mass., Harvard Univ. Pr., 1957. 620 p. forms, tabs. (Chronic illness in the United States; Vol. IV)

The fourth and last of the series of reports based on the work of the Commission on Chronic Illness, a national voluntary organization formed to study chronic disease in the United States from 1949 through 1956. In this report, results of a study of a representative sample of an entire noninstitutional urban population for prevalence of chronic disease and disability are presented. Part I reviews briefly preceding efforts to study the size and scope of the problem and describes methodology of this study. Part II and III cover the volume and character of chronic disease and the needs for care and rehabilitation. Part IV gives results of multiple screening tests carried out in the evaluation clinic and discusses the physiological characteristics of the sample

CHRONIC DISEASE--SURVEYS--MARYLAND (continued)

population. General information on disability in the general population as reported in household interviews about health appears in Part V. To those interested in planning future morbidity studies based on household interviews, Part VI offers a comparison of information on prevalence of chronic illness gathered in such interviews with the more precise and complete information obtained by searching histories and physical examinations done by physicians and often supplemented by information given by medical social workers, public health nurses, and vocational counselors. The book revealed some interesting sidelights on the attitudes of persons toward health conditions and the unreliability of household interviews as a method for the detection of chronic illness.

Available from Harvard University Press, Cambridge, Mass., at \$8.00 a copy.

DEAF--DIAGNOSIS

228. Minski, Louis

Deafness, mutism, and mental deficiency in children. New York, Philosophical Library, 1957. 82 p. illus.

A discussion of the diagnostic difficulties in differentiating between mental defect and deafness accompanied by maladjustment or the child with normal hearing but no speech. The material here is based on experiences in a research unit in England, set up to attempt the establishment of tests which would help in distinguishing such diagnoses. An institution for deaf children requiring long-term treatment for the removal of emotional difficulties also provided opportunity for observation. Clinical data on the causes of deafness, on administration of the two treatment units, on general methods of treatment, and on hearing and psychological tests useful in diagnosis are included. Pediatricians, otolaryngologists, neurologists, psychologists, psychiatrists, and speech therapists will find this discussion helpful.

Available from Philosophical Library, Inc., Publishers, 15 E. 40th St., New York 16, N. Y., at \$3.75 a copy.

EXERCISE

229. Brenner, Harold J.

Therapeutic exercises for the treatment of the neurologically disabled; a text for corrective therapists and corrective physical therapists. Springfield, Ill., Charles C Thomas, Publ., c1957. 73 p. illus., figs.

During World War II physical educators, coaches, and athletes were trained in corrective physical rehabilitation methods; so outstanding was their success that the Veterans Administration program included this specialty as an integral part of hospital medical treatment. Corrective therapy today includes two phases of treatment--the psychological and physiological; therapeutic activity consists of individual or group exercise, adapted sports, games or recreation. Various phases of the exercise program are described briefly; specific chapters discuss ambulation and crutch walking training, corrective therapy in hemiplegia, multiple sclerosis, poliomyelitis, polyneuritis, and parkinsonism.

EXERCISE (continued)

Each chapter touches upon history and etiology, symptoms, prognosis, corrective therapy treatments suitable to the particular disease, goals and objectives of treatment. Includes a bibliography and glossary of terms.

Available from Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$3.50 a copy.

This monograph is being published simultaneously in Great Britain by Blackwell Scientific Publications, Ltd., 24-25 Broad St., Oxford, England.

HEALTH SERVICES--RESEARCH

230. Health Information Foundation (420 Lexington Ave., New York 17, N. Y.)

An inventory of social and economic research in health; 1957 ed. New York, Health Information Foundation, 1957. 327 p. (6th ed.)

This edition cataloging and indexing current research in the health field lists 643 entries covering studies and projects now in progress, and dealing with: measurement of health levels in specific areas and groups, quantitative information or analyses of problems in the field of mental health; sociological factors in health; health facilities; all types of health services; personnel in health fields; costs and methods of paying for medical care. As in previous issues, sponsors of research projects, organizations conducting research, and project personnel are listed alphabetically.

MENTAL DEFECTIVES--EMPLOYMENT

231. Woods Schools, Langhorne, Pa.

Vocational training and rehabilitation of exceptional children; proceedings of the 1957 Spring Conference of the... Chicago... held in collaboration with the Dr. Julian D. Levinson Research Foundation. Langhorne, The Schools, 1957. 144 p.

The Conference reviewed current practices and program planning in the areas of prevocational and vocational training for exceptional children in public schools, residential schools, and sheltered workshop settings, as well as the development of rehabilitation programs at national, state, and local levels. Also considered were medical studies necessary to evaluate vocational aptitudes and rehabilitation needs; in addition, biochemical research pertinent to the field of exceptionality was discussed.

Contents: The need for medical evaluation in vocational guidance and training, Frederic A. Gibbs. - Vocational rehabilitation: An educator's critique on past, present, and future programs, Samuel A. Kirk. - Vocational rehabilitation: Administration and program development: On the local level, William Gellman. - On the State level, John S. Kubiak. - On the national level, Adaline Johnesse. - Discussant, I. Ignancy Goldberg. - Panel discussion: Vocational training and rehabilitation: Current concepts in curriculum planning; the public residential school, Gareth D. Thorne. - The public school system, Paul H. Voelker. - The sheltered workshop setting, J. Clifford MacDonald. - The private residential school, Raymond J. Gross. - The teacher training program, Abraham Jacobs. - Summary of panel discussion, William C. Adamson.

In addition to the addresses, this report of the Proceedings contains several pages of selected references which provide answers to individual questions asked during the "Questions and Answers" period of the Conference regarding vocational training and rehabilitation, programs, testing, counseling, placement, and general topics of special education. Available from the Woods Schools at \$1.00 a copy.

MULTIPLE HANDICAPS

232. Huffman, Mildred Blake

Fun comes first for blind slow-learners...with a foreword by Samuel A. Kirk. Springfield, Ill., Charles C Thomas, Publ., c1957. 157 p. illus.

A report on a study of 31 children who were taught at various times by the author during four consecutive school years at the California School for the Blind. Most predominant handicaps of these children were mental retardation, emotional disturbance, and blindness; some were also handicapped by cerebral palsy, speech defects, or a hearing loss. Mrs. Huffman analyzes her teaching procedures, educational goals, the groups taught, and the experiences provided by work with residential school pupils. Discussion, photographs, and annotated copies of tape recordings illustrate the emotional, educational, and social growth of the children. Practical suggestions given as guide material will be of benefit to all teachers of blind children and sighted mentally retarded children.

Available from Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$5.00 a copy.

POLIOMYELITIS--ETIOLOGY

233. New York Academy of Sciences

Cellular biology, nucleic acids and viruses, by V. G. Allfrey (and others). New York, The Academy, c1957. 414 p. (Special publications of the... Vol. 5, p. 1-414, December, 1957)

A series of papers from a conference held by the... Jan., 1957.

In addition to papers presented by authorities in the field of poliomyelitis research and concerned with the pathology of the disease, the biological aspects, the preparation of the Salk vaccine, the control of the virus, the nature (physical and chemical) of purified poliomyelitis virus, structure of the nucleic acids and related substances, as well as experimental data, this special monograph of the Academy contains a short biography, by Morris Fishbein, of Basil O'Connor and his role in the prevention of poliomyelitis and rehabilitation of those patients who have contracted the disease.. The book was dedicated to Mr. O'Connor on the occasion of his 65th birthday.

PSYCHOLOGY--DIRECTORIES

234. American Board for Psychological Services (9827 Clayton Rd., St. Louis 17, Mo.)

1957 directory of psychological services; an approved list prepared by.... St. Louis, The Board, 1957. 156 p. \$1.00.

A highly selective list of psychologists and agencies offering psychological services to the public; all have been evaluated by the American Board for Psychological Services and have met required standards. Information on each listing includes the nature of its sponsorship, services rendered, clientele served, fees charged, method of application, name of director, and office hours. Appendixes give background information on the Board, its operation and administration, standards and procedures, standards for certification by the American Psychological Assn., and a listing of diplomates of the Association.

REHABILITATION

235. Pattison, Harry A., ed.

The handicapped and their rehabilitation. Springfield, Ill., Charles C Thomas, Publ., c1957. 944 p. illus., charts, tabs.

In this comprehensive book covering the philosophy of rehabilitation, the various disabilities involved, and the training requirements for personnel in the professional disciplines making up the rehabilitation team, 44 well-known authors in the field have contributed chapters in their specialties. Fourteen chapters deal with disabilities for which rehabilitation services are available; administrative aspects, vocational training and placement, therapies employed, psychological factors involved, nutritional aspects, and workmen's compensation and labor laws as they affect the rehabilitation of the handicapped are all included. Much of the material reflects Veterans Administration experience in rehabilitation, and the influence of State-Federal programs of rehabilitation, as well.

Published by Charles C Thomas, Publisher, 301-327 E. Lawrence, Springfield, Ill., at \$14.75 a copy.

REHABILITATION CENTERS

236. Conference of Rehabilitation Centers

Proceedings of the Institute on Rehabilitation Center Planning, sponsored by the... under a grant from the Office of Vocational Rehabilitation... February 25-March 1, 1957. Washington, D.C., Off. of Voc. Rehabilitation, 1957. 322 p. (Rehab. Serv. ser. no. 420). Paperbound.

Papers of the recent institute conducted by the Conference of Rehabilitation Centers, published in the interest of more effective planning and use of rehabilitation centers in community programs for the disabled.

Contents: Evolution of the rehabilitation center concept, Dean W. Roberts. - International aspects of the rehabilitation center movement, Howard A. Rusk. - Rehabilitation in war and peace, Donald A. Covalt. - Rehabilitation centers in the United States and Canada, Henry Redkey. - The measurement of rehabilitation needs in a community, Hugh B. Speir. - Evaluation of existing rehabilitation resources in a community, G. Margaret Gleave. - Estimating the potential caseload for the center, Vivian Shepherd. - Estimating financial resources for support of the center, Charles E. Caniff. - Estimating long-range potentials for the center, Jayne Shover. - Community interpretation of the role of the center, E. B. Whitten. - Key professional relationships in the community: Medical relationships, K. R. Manning. - Social work relationships, Kathryn Helper. - Vocational service relationships, Robert E. Thomas. - Sources of information for the planning and operation of centers, Earl C. Graham. - The patient as the focus in center planning, Herman Hellerstein. - Sponsorship and community responsibilities for the center, Ruby C. Oscarson. - Organization and administration of the center, Willis C. Gorthy. - Professional policies in the center, Rex O. McMorris. - The special role of the physician in the center, Robert C. Darling. - Personnel recruitment, selection and retention, Harlan E. Lance and R. H. Landes. - Adaptation of plant and equipment to potential caseload, financial resources, and personnel, E. J. Desjardins. - Financial structure and budgeting, T. S. Allegrezza. - Federal and State sources of financial support: The Hill-Burton Act and amendments--Federal aspects, Hugh B. Speir. - The amended Vocational Rehabilitation Act--Federal aspects, Robert E. Thomas. - The amended Vocational Rehabilitation Act--State aspects, Adrian Levy. - Integration for the patient

REHABILITATION CENTERS (continued)

and for the center, William K. Page, Jr. -Evaluation of the center program, Kenneth W. Hamilton. -The forward look in sound planning, Mary E. Switzer.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at \$1.25 a copy.

SOCIAL SERVICE--CASEWORK

237. Gordon, Henrietta L.

Casework services for children; principles and practices. Boston, Houghton Mifflin Co., 1956. 493 p.

Seven basic casework services--foster care, boarding home and institutional care, adoption, day care, protective service, and casework with children in their own homes--are defined and the special help offered by each to the child is discussed. The role of the caseworker in helping both the child and the parents accept such service is outlined. Casework for special boarding homes or institutions for emotionally disturbed children, the retarded, the delinquent, or the child with special disabilities is not covered in this book, although the principles discussed are basic for these services also.

Published by Houghton Mifflin Co., 2 Park St., Boston 7, Mass., at \$5.50 a copy.

WORKMEN'S COMPENSATION--NEW YORK

238. New York: Moreland Act Commission to Study Workmen's Compensation

Costs, operations and procedures under the Workmen's Compensation Law of the State of New York; report to...Averell Harriman, Governor... by Joseph M. Callahan as Commissioner...January 28, 1957. New York, The Commission, 1957. 142 p. tabs.

Gives background information on the Workmen's Compensation Law in New York State and the work of former Commissions, then discusses points in the law, its administration, and rate-making procedures where improvements could be made. Subjects covered are: claims and benefits, processing a claim, make up and responsibility of Workmen's Compensation Board, State insurance fund safety groups and accident prevention, and rate-making procedures. In the appendix, aspects of compensation in the cardiac problem are discussed by the question-and-answer method.

Issued by Moreland Act Commission to Study Workmen's Compensation, 33 Rector St., New York 6, New York.



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